

MEMORANDUM

Not On
Agenda Item No. 7 (M) (2) (B)

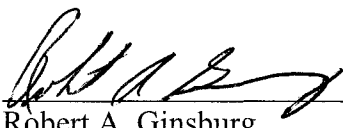
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 27, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution approving the
provision of in-kind services
to the Miami Children's Hospital

The accompanying resolution was prepared and placed on the agenda at the request
of Commissioner Rebeca Sosa.


Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: July 27, 2004

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✓ Please note any items checked.

- _____ "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- _____ 6 weeks required between first reading and public hearing
- _____ 4 weeks notification to municipal officials required prior to public hearing
- _____ Decreases revenues or increases expenditures without balancing budget
- _____ Budget required
- _____ Statement of fiscal impact required
- _____ Bid waiver requiring County Manager's written recommendation
- _____ Ordinance creating a new board requires detailed County Manager's report for public hearing
- _____ Housekeeping item (no policy decision required)
- ✓ _____ No committee review

Approved _____ Mayor
Veto _____
Override _____

Not On
Agenda Item No. 7 (M) (2) (B)
7-27-04

RESOLUTION NO. _____

RESOLUTION APPROVING THE PROVISION OF IN-KIND
SERVICES TO MIAMI CHILDREN'S HOSPITAL IN AN
AMOUNT NOT TO EXCEED \$1600.00

WHEREAS, the Miami Children's Hospital has requested that Miami-Dade County provide in-kind services the use of park campsite cabins, and this Board desires to provide such in-kind service in an amount not to exceed \$1600.00 (see attached Fee Waiver/In-Kind Services Applications); and

WHEREAS, this event is a District event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board approves a waiver of fees for the provision of in-kind services from the Miami-Dade Parks and Recreation Department, including all necessary supplies, labor and equipment, in an amount not to exceed \$1600.00 for the Miami Children's Hospital.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by
Commissioner _____, who moved its adoption. The motion was seconded by
Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson	
Katy Sorenson, Vice-Chairperson	
Bruno A. Barreiro	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorrian D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 27th day of July, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Stephanie R. Miller

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 14 Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2835
Fax: (305) 375-3668

Type of Event/Application (select one of the following):

- ☐ District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- ☐ Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- ☐ Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- ☐ Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: MIAMI CHILDREN'S HOSPITAL UNITED ORDER TRUE SISTER

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):

DR. ATHENA YEFKA RAO MIAMI CHILDREN'S HOSPITAL HEMATOLOGY ONCOLOGY
305.662-8360 3100 SW 62 AVE. MIAMI FL 33155

4. Specify fee waiver or in-kind service requested (quantity, if applicable):

USE OF PARK RECREATION CAMP SITE CABINS
FOR WEEK OF 8/1 - 8/7/04

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

ANNUAL UOTS SUMMER CAMP
FOR CHILDREN WITH CANCER

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☐ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): N/A

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Revised: 10/9/2003

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: N/A
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
ONE WEEK SLEEP AWAY CAMP
6 NIGHTS / 7 DAYS
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A
11. Expected number of participants and estimated attendance (per day, if applicable): 24 CHILDREN CAMPEERS +
ABOUT 15 COUNSELORS
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

I hereby certify that all the statements made in this application are true and correct.

for DR. ATHENA CHR-PEFKARDO / MIAMI CHILDREN'S HOSPITAL
Signature of Authorized Representative

7-20-04
Date